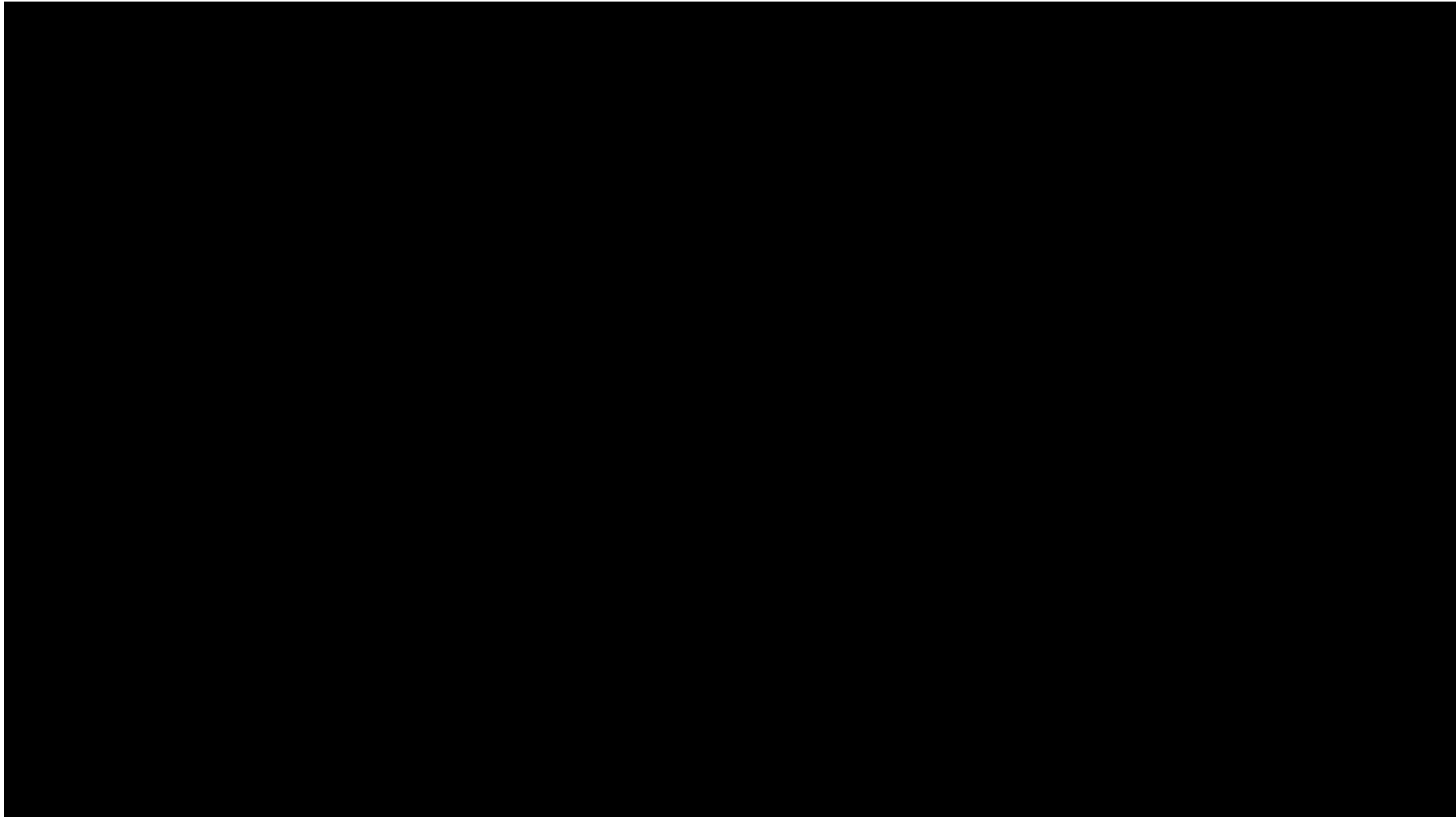


Maria Camargo, MPA, MPH

**SF Bay Area Business Development Manager
Nursing-Family Partnership**





Nurse-Family Partnership is...

- An **evidence-based**, community health program
- Transforming lives of vulnerable first-time mothers living in poverty
- Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

Every dollar invested in Nurse-Family Partnership can yield
up to five dollars in return.

Trials of the Program

Dr. Olds' research & development of NFP continues today...



1977

Elmira, NY

Participants: **400**

Population: **Low-income whites**

Studied: **Semi-rural area**

1988

Memphis, TN

Participants: **1,139**

Population: **Low-income blacks**

Studied: **Urban area**

1994

Denver, CO

Participants: **735**

Population: **Large portion of Hispanics**

Studied: **Nurse and paraprofessionals**

Consistent Results

- Improvements in prenatal health
- Reductions in children's injuries
- Improvements in children's language development and school readiness
- Reductions in children's behavioral problems
- Reductions in children's depression
- Reductions in children's substance use
- Reductions in maternal impairment due to substance use
- Increased inter-birth intervals
- Increased maternal employment
- Reductions in welfare & food stamp use





Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

Key Program Components

- First-time, at-risk mothers
- Registered nurses
- Intensive services (intensity, duration)
- Focus on behavior
- Program fidelity (performance management system)

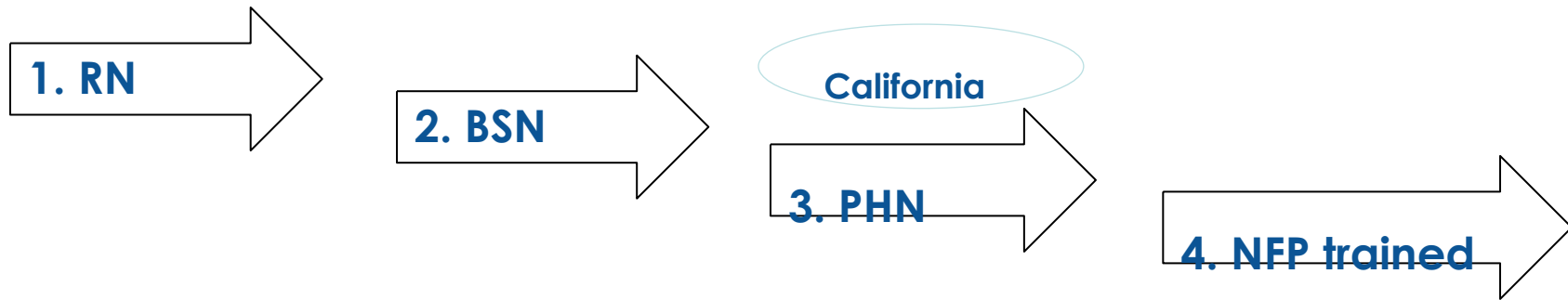
Why Nurses?

- Knowledge, judgment and clinical skills
- High level of trust
- Credibility and perceived authority
- Nursing theory and practice at core of original model

What do nurses do?

- Have you ever been the recipient of nursing care? Ever had a nurse take care of you or a loved one?
- What did that nurse do?
- Did he/she **assess** your situation? **Listen** to your concerns? **Translate** your concerns to physicians or others in a way that helped you get the healthcare you needed?
- **Teach** you about your health or care? Translate health information to you or a loved one in a way that improved your understanding?
- **Advocated** for you or a loved one?
- Was there for you at a time you felt most vulnerable?
- Think about your experience with nursing care. Now think about an NFP nurse and the woman and child she cares for....
- THIS IS NURSING – It is what our NFP nurses provide for women and babies.

What does the “N” in NFP represent?



Public Health Nursing is...

the practice of **promoting and protecting the health** of populations using **knowledge from nursing, social, and public health sciences**. It is population focused, community-oriented nursing practice.

American Nurses Association, Public Health Nursing Scope and Standards of Practice; 2007

NFP Target Population

- First time mothers (all ages)
- Low-income (WIC or Medi-Cal eligible)
- Early in the pregnancy (by 28 weeks gestation)
- Families struggling with multiple issues such as homelessness, substance abuse, and mental illness are prioritized



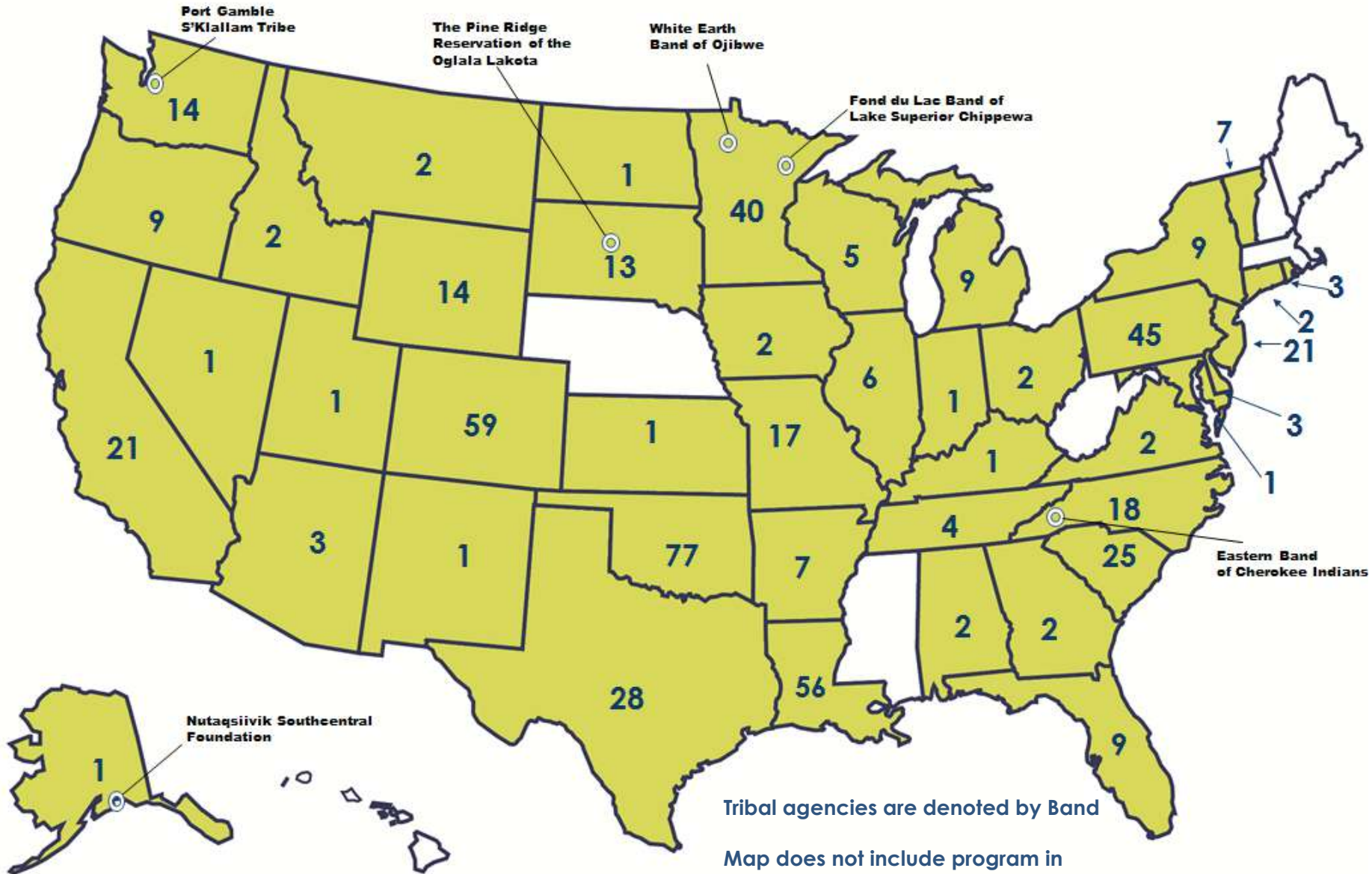
Nurse-Family Partnership is a growing, national program

43

States and Tribes
that NFP serves

551

Number of counties
NFP is serving



Evidence-Based Policy

The Coalition for Evidence-Based Policy has cited Nurse-Family Partnership -

“as one of only two interventions meeting the Top Tier, and if implemented more broadly, could help spark rapid progress against major national problems.”

Coalition for Evidence-Based Policy

A Project Sponsored by

THE COUNCIL FOR
Excellence
IN GOVERNMENT



Nurse-Family Partnership is Endorsed as a Model Program by

Coalition for Evidence-Based Policy

A Project Sponsored by



Washington State
Institute for
Public Policy

World Health
Organization



Promising
Practices
Network

on Children, Families
and Communities



Office of Juvenile
Justice & Delinquency
Prevention



PARTNERSHIP FOR AMERICA'S
ECONOMIC SUCCESS

NIEER

National Institute on
Early Education
Research



Memphis Trial Outcomes: Reductions in Maternal and Child Mortality

In July of 2014, JAMA Pediatrics published a study that found for participants in Nurse-Family Partnership there were lower rates of preventable causes of death among children and all causes of death among mothers.

Trial Began: 1990

Mortality Study Follow-up: 1990-2011

Population: Low-income African-American

Environment: Disadvantaged, Urban Area

This is the first study of NFP to show significant findings of reductions in maternal and child mortality based upon a randomized, clinical trial with over two decades of follow-up.



Positive Outcomes for Clients Served by California's Nurse-Family Partnership

- **92%** of babies were born full term and **92%** were born at a healthy weight - at or above 2500 g (5.5 lbs)
- **90%** of children received all recommended immunizations by 24 months
- **38%** of mothers who entered the program without a diploma/GED have since earned one and **25%** are working to obtain one
- **90%** of mothers initiated breastfeeding and **36%** continue to breastfeed at child age 6 months



For every 1000 California families enrolled, NFP will prevent:



- 20 preterm births
- 64 second births to young mothers
- 56 cases of preeclampsia
- 45 maltreatment incidents
- 3.2 infant deaths
- 184 person years of youth substance abuse
- 161 youth arrests

National and Local Press Recognition

The New York Times

Sunday Review

The Way to Beat Poverty

By NICHOLAS KRISTOF and SHERYL WUDUNN SEPT. 12, 2014

Jul. 16, 2014 - 12:00 am

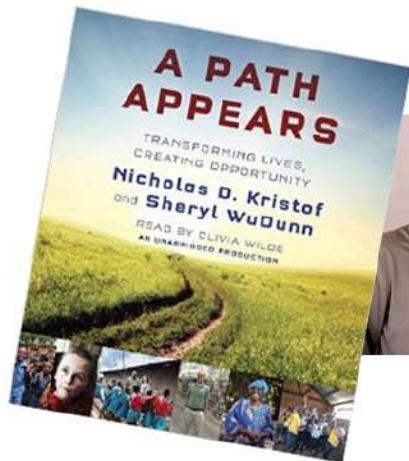


THE SACRAMENTO BEE 

Viewpoints: Nurse visits at home can pay big dividends

By Mark Horton
Special to The Bee

Published: Wednesday, Jul. 16, 2014 - 12:00 am



The New York Times

The Opinion Pages | OP-ED CONTRIBUTOR

Social Programs That Work

By RON HASKINS DEC. 31, 2014



Sam Island

The Washington Post

By Lenny Bernstein July 8

To Your Health

Nurses' visits curb deaths among poor, single women and their children





Return-on-Investment

In California, for every \$1 invested in Nurse-Family Partnership to serve high-risk families, communities can see up to \$4.20 in return due to savings in social, medical and criminal justice expenditures.



Nurse-Family Partnership is Cost-Effective

- The RAND Corporation estimates Nurse-Family Partnership can return up to \$5.70 for each \$1 spent on the program.*

Savings accrue to government from **decreased spending** on:

health care

child protection

education

criminal justice

mental health

public assistance

And **increased taxes** paid by employed parents

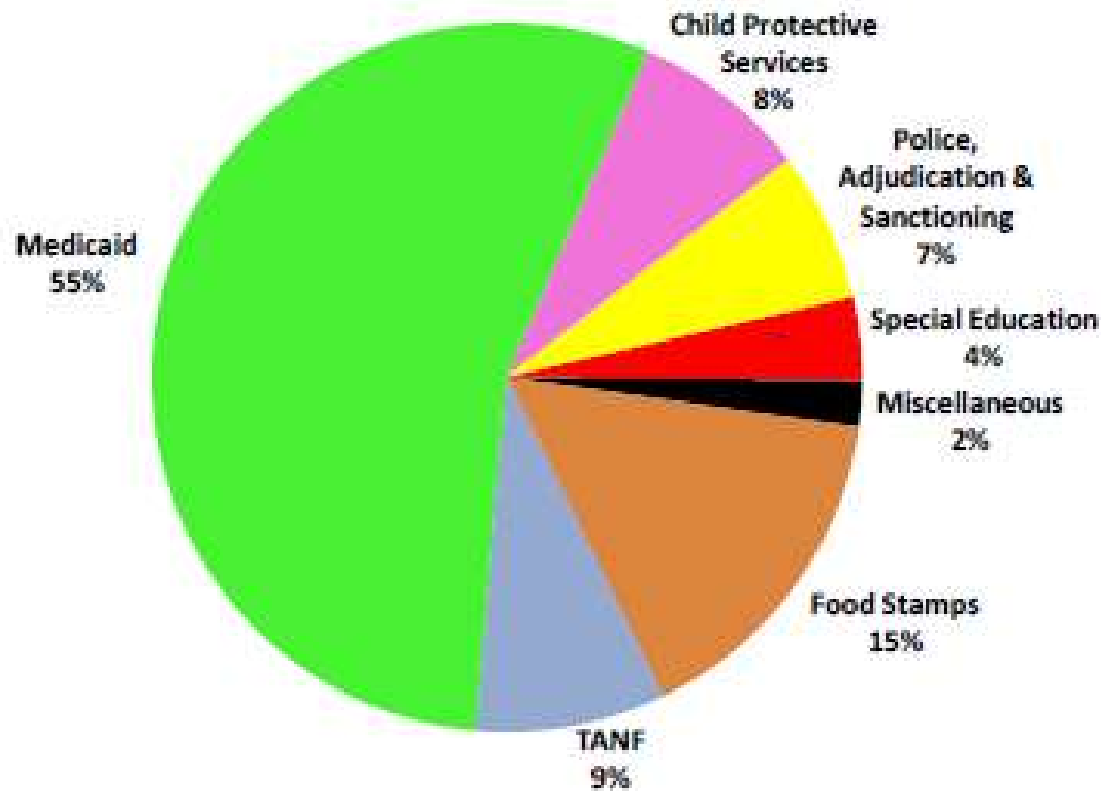
- Nurse-Family Partnership ranked among the highest programs reviewed in terms of net benefit to society among pre-K, child welfare, youth development, mentoring, youth substance prevention and teen pregnancy prevention programs. A 2012 cost-benefit update by WSIPP estimated long-term benefits of almost \$23,000 per participant.** (*Washington State Institute for Public Policy 2012*)

* RAND Corporation 1998, 2005; return for highest risk families

** Savings related to low birth weight, child injuries and immunizations not included

Government Cost Savings per Family Served by NFP in California

Total Savings \$18,792, Total implementing Cost \$12,075,
Net Savings \$6,717*



* Amounts in present value discounted at 3%



NFP Enrollment projections for Bay Area and Contra Costa

Location	Medicaid Births	Eligible Clients	Current NFP Capacity	Potential NFP additional Moms	Number of NHV needed
Contra Costa	3,392	1,357	112	363	15
Bay Area	35,069	14,028	1,142	3,768	151



- Medicaid births are 48% of all live births in CA
- Of those 40% are first-time moms



Ways to fund your NFP program

- Medi-Cal
- Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)
- TANF/Public Welfare
- Title V/Maternal and Child Health Initiatives
- Substance Abuse and Mental Health
- Pay for Success
- Managed Care
- Tobacco Settlement- First 5
- United Way
- State, City and County General Funds
- Private Philanthropy
- School Readiness
- Child Abuse Prevention
- Juvenile Justice/ Delinquency Prevention

Medicaid

Federal reimbursement programs:

- Targeted Case Management (TCM)
- Federal Financial Participation (FFP)
- Medicaid Administrative Activities (MAA)



Assembly Bill 50 (AB 50) Nurse-Family Partnership

- Assemblymember Kevin Mullin's office (D-22, San Mateo) introduced an Intent Bill to bring NFP to scale in California
- Very early in the process
- Talks with the Legislative Affairs Office and other state level stakeholders about the bill content
- Expand services targeting the highest need population areas



Managed Care Organizations (MCOs)

- NFP can provide care coordination and case management for high risk pregnant women and children enrolled in managed care organizations (MCOs)
- Anticipatory guidance and preventive services
- Early identification of problems and referrals / coordination of care
- NFP helps MCOs improve their quality metrics (HEDIS)



Managed Care Organizations

- MCOs can offer home visiting as a benefit to Medicaid enrollees
- MCOs can invest their “share” of benefits into their local NFP program. ROI is necessary to establish benefits accrued by MCOs
- State Medicaid Agencies can allow NFP to be provider of care and therefore home visits could be reimbursed by Medicaid

Collaboration with Other Programs

- Mental Health
- Criminal Justice System
- Early Head Start
- Hospital Community Benefit
- System approach





Questions?

maria.camargo@nursefamilypartnership.org



@NFP_nursefamily

Thank you!

